

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18183

1. PLACE OF DEATH

County Callwell

Registration District No. 92

Township Lewis

Primary Registration District No. 4055

City Braymer (No. 517)

File No. _____

Registered No. 11

St. _____

Ward _____

2. FULL NAME

Mary Ellen Lyon

(a) Residence, No. _____ St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Wm O. Lyon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 25 - 1864

7. AGE

75

YEARS

MONTHS

2

DAYS

29

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

April 1938

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Proctorville Mo

MOTHER

FATHER

13. NAME

Wm Dale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

England

15. MAIDEN NAME

Mary Ellen B. Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Proctorville, Mo

17. INFORMANT (ADDRESS)

Ernest Lyon Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coverden DATE May 26, 1939

19. UNDERTAKER (ADDRESS)

B. F. Mead Braymer

20. FILED

May 26 1939

H. H. Fairman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 24 1939

22. I HEREBY CERTIFY, That I attended deceased from

June 5 1938, to May 24 1939

last saw him alive on May 24 1939. Death is said to have occurred on the date stated above, at 5:49 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

5-22-39

Other contributory causes of importance:

Gastric Carcinoma
Hypertension

Name of operation

Date of _____

What test confirmed diagnosis?

Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

John R. Crank M. D.

(Address)

Braymer, Missouri

RECEIVED

District Health Officer No. 11,

District File Number 11-39-715-

Date Filed **JUN 19** 1939

68-384
1881
1881
1881